لانتشار :	Strikebilahan keladia	SEEMER TO CHEERING	Construction of the second	regionia exit	- And protect design of the	e transministration of the	Harris Health		-		///	W.7
٠.		•	iplication r Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 200												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN	шту .	OR	OTHER SMALL	
TOTAL CLAIMS					-			RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		B	ASIC FEE		OR	BASIC FEE	Val.
TOTAL CHARGEABLE CLAIMS			minus 20=		· 5U		Γ	XS 9=		ÖR	X\$18=	412
INDEPENDENT CLAIMS			mir	nus 3 =	•			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	70
* If the difference in column 1 is less than zero, enter *0" in column 2							L	TOTAL	·	OR	TOTAL	
	C	cave of the act	ransami e est		e. st	OTHER	THAN					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E		OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID.	BER OUSLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	7° G	Minus	7		= /		X\$ 9=		OR	X\$18=	•
MEN	Independent	. 3	Minus		2	= /		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						上	+135=	/		+270=	
	•						L	TOTAL DIT. FEE		OR OR	TOTAL ADDIT, FEE	
		~	IUH. FEE E									
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT	24-37 1 14-37 1	HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						! 	+135=		OR	+270=	
•					•		L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
							_					
AMENDMENT C	rije miljeri	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	29 Ac.	HIGH NUM PREVI	MR 2) HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	•	Minus	••		8] [X\$ 9=		OR	X\$18=	
MEN	Independent	•	Minus	•••		=	↓ ┞	X40=		OR	X80=	
•	FIDET DOCCE	MITATION OF M	INTIDIE DEI	DENITEN	IT CL AIR	• 🖂	1 L		I	, '' L		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

+135=

TOTAL . ADDIT. FEE

[&]quot;"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3.". The "Highest Number Previously Paid For" (T tal or Independent) is the highest number found in the appropriate box in column 1. **以表示等**。

BEST AVAILABLE COPY FILING DATE MULTIPLE DEPENDED ALAIM FEE CALCULATION SHEET APLICANTIST Similar estate in the care of the (FOR USE WITH FORM PTO 878) AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. DEP. ING. DD. tNo. DEP. IND. DEP. 1 51 2 52 3 53 4 54 5 55 .6 58 1 57 8_ 2 83 9. 59 10 60 ń 61 12 62 13 -63 14. 64 15 65 16 68 -17 87 18 68 19 69 -20--70 71 22-72 -3-78 T 74 .5 75 :6 2 76 .7 • 77 8 78 79 30. 80 31 81 32 82 33 5 83 34 84 35 85 38 88 31 - **87**--9 88 BL . 89 <u> 40.</u> 80 #1 91 49 92 93 Ψ¢. 94 45 95 46 88 SZ TI. 97 4; O 98 99 Ę, 100 TOT LL 1 TOTAL TO IL TOTAL PTC 1360 C3-780 MAY BE USED FOR ADDITIONAL GLADIS OR ANI. IDMENTS VAR. DEPARTMENT of COMMERCE States and Fredment Office

THE RESIDENCE OF THE PROPERTY WAS A SECOND OF THE PROPERTY OF